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#### CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being submitted by First Class mail to the US Patent and Trademark Office: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 or trapsmitted by facsimile to the U.S. Patent and Trademark Office, Fax No. (571) 273-8300.

Date: 11306

By: Pattiblespell

Pattibespell

Mail Stop RCE

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re: Patent Application of Charles A. Eldering et al.

Conf. No.:

2970

: Group Art Unit:

3622

Appln. No.:

09/591,577

: Examiner:

Yehdega Retta

Filing Date:

09 June 2000

Att'y. Docket No.:

T702-03

Title: Privacy Protected Advertising System

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

#### AFTER FINAL REQUEST FOR CONTINUED EXAMINATION UNDER 37.C.F.R.1.114

This is a request under 37 CFR 1.114 for continued examination (RCE) of the above identified application in response to the Final Office Action dated August 3, 2006. Enclosed are the following in support of the RCE under C.F.R. 1.114:

$\boxtimes$	An Amendment/Request for Reconsideration.				
	An Information Disclosure Statement, PTO/SB/08A, PTO/SB/08B and cited references.				
	New formal drawings.				
	A Petition for Extension of Time for the pending application.				
	Other:				
The following	g fees are enclosed:	11/86/2096	YPOLITE1 90000075 501535		
$\boxtimes$	RCE fee of \$790.00 required under 37 C.F.R. 1.17(e)	790.00 DA	09591577		
☐ Amen	Additional claim fees of \$00 for excess claims submitted in the enclosed Amendment, calculated as follows:				

# CENTRAL FAX CENTER

Application No. 09/591,577

					SMALL	ENTITY	LARGE	ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	RATE	ADDIT. FEE
TOTAL	20	(-)	Or 20	0	x 25		x 50	0.00
INDEP.	3	(-)	Or 3	0	x100		x200	0.00
] 1st PRESENTATION OF MULTIPLE DEPENDENT CLAIMS			+\$140		+\$280			
					TOTAL		TOTAL	0.00

$\bowtie$	The Co	mmissioner is hereby authorized to charge and/or credit Deposit Account No. 501535 as
•	noted i	below. A duplicate of this sheet is enclosed.
	$\boxtimes$	Any overpayments or deficiencies in the above calculated fee(s).
	$\boxtimes$	RCE fee in the amount of \$790.00.
		Additional claim fees in the amount of \$00 as calculated above.
	$\boxtimes$	Any additional fees required under 37 C.F.R. §§ 1.16 or 1.17.
	$\boxtimes$	In the event that a Petition for Extension of Time is required, but not enclosed, please
	char	ge any extension fee under 37 C.F.R. § 1.136(a) to the Deposit Account noted above.

#### **CORRESPONDENCE ADDRESS**

Date:	11/3/06	asher two of
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